

How would health insurance reform impact individuals who already have insurance?

For the 469,000 residents of Arizona's Fifth District who currently receive health care coverage from an employer, health insurance reform will allow you to keep the coverage you have and prevent your insurer from dropping you if you get sick. It would eliminate annual and lifetime caps on benefits, and in many cases limit the amount of out-of-pocket expenses to protect individuals from bankruptcy due to medical costs. It will also require insurers to allow young adults, up to 27 years of age, to remain on their parents' health care plans.

Currently, if you lose or change jobs, it is difficult to keep your insurance, or obtain new coverage because insurers can currently deny coverage based on pre-existing conditions - even if the condition is something as benign as acne. In other words, if you have had knee surgery, or have been treated for asthma or even sleep apnea, insurance companies can currently refuse to cover you. Under health insurance reform, insurance companies will not be able to deny coverage to individuals with pre-existing conditions or hike up rates or drop coverage to those who get sick.

I've heard from many constituents who have health insurance today but are worried that they may lose it. I've talked to people who are afraid to change jobs because they don't know if another insurance company will cover them. Our economy needs people to choose jobs that match their skills and passion, not simply because they are afraid they won't get health care.

How would health insurance reform impact small businesses?

Health insurance reform would also provide assistance to help small businesses with the costs of providing health insurance. Approximately 15,700 small businesses in Arizona's Fifth District would qualify for tax credits for up to 50 percent of the cost of insurance coverage.

While most small business owners I have spoken to would like to offer health insurance, they simply cannot afford it. The current system rewards large corporations with hundreds or even thousands of employees leaving small businesses at a disadvantage. Most small businesses have less than 20 employees which doesn't give them much bargaining power. The risk pool is spread over so few people that insurance companies won't give them competitive rates.

For the over 17,800 small businesses in the Fifth District, health care reform will provide access to a health insurance exchange in which individuals and small businesses can combine or "pool" their purchasing power and comparison-shop for competitive rates that best meet their needs.

This is a really powerful idea. For the first time private insurance companies would compete against each other in a way they've never done before. The risk pool would be spread across a wider scale, which would require insurers to compete and lower costs to gain business. I believe this makes sense.

How would health insurance reform impact seniors?

This bill will strengthen Medicare. It does not, as some have alleged, weaken it. As someone who is over 65 and depends on Medicare myself, I would not vote for it if it did.

Reform would also greatly help seniors. So much so, the bill has been endorsed by the American Association of Retired Persons (AARP). Health insurance reform will assist seniors immediately by filling in the "donut-hole" in Medicare Part D, the prescription drug benefit. This will help the 10,100 seniors in Arizona's Fifth District who fall in the donut-hole annually, meaning they have to pay full drug costs despite having Part D coverage.

Health insurance reform will also provide more affordable access to quality care by eliminating co-pays for preventative care and limiting cost-sharing requirements. This reform will also establish critical consumer protections including preventing drug plans from changing plans

and rates mid-year and cracking down on false or misleading marketing.

What is a health insurance exchange?

To increase competition, the bill would establish an insurance exchange through which businesses and individuals could comparison shop for policies that best meet their needs. While more complex, the exchange would function, in a sense, like the system we currently use to purchase airline tickets online. Just as the airlines bid for your travel business, health insurers would bid for your insurance business. To participate in the exchange, insurers would have to meet certain minimum standards. Most notably, insurers would no longer be allowed to refuse to cover someone because of a pre-existing condition, or place a cap on annual or lifetime coverage.

Members of Congress and federal employees have long used a system like this, and it has worked well. So well, in fact, Congress is frequently, and I believe correctly, criticized for giving itself better quality and more affordable health care than countless Americans.

What is a public option?

Up to now, insurance companies have faced little incentive to compete with one another. As a result, they do not always give you the best coverage for your money. To help spur competition, the Affordable Health Care for America Act would create a public option, a provision which has generated a good deal of confusion and misinformation by both supporters and opponents. Under the legislation, the public option would be a separate, non-profit insurance plan, funded by premiums paid by those who voluntarily choose to use it -- not tax dollars -- that would be allowed to compete with private insurance plans in the insurance exchange. No one would be required to use the public option. If you prefer private insurance, nothing in this bill would prohibit or otherwise limit your ability to buy it.

As you may know, I opposed to the public option as drafted in H.R. 3200, the House bill that circulated over the summer. In that bill, the public option's reimbursement rates for hospitals and providers would have been based on the reimbursement rates for Medicare. This was troubling because basing reimbursement rates on Medicare represents an unfair competitive advantage that could ultimately limit patient choice. In addition, basing reimbursement rates on Medicare rates could weaken the financial stability of local hospitals and doctors.

In my view, a public option must be on a level playing field with private insurers. The public option in the Affordable Health Care for America Act would be based on negotiated rates, which is how private insurance companies operate.

I am hopeful that, as this bill makes its way through the legislation process, Congress continues to consider proposals for alternative mechanisms to accomplish this goal, including allowing states to opt out, co-ops, or a trigger. A trigger, which would go into effect if private insurance plans fail to expand affordable coverage sufficiently, could be an effective alternative. This approach has worked successfully in the Medicare Prescription Drug Benefit plan.

Does this legislation include tort reform?

I am troubled by the stories of doctors practicing defensive medicine by ordering unnecessary tests, which only adds to everyone's costs. At the same time, I also want to ensure that we continue to vigorously protect patient rights.

Medical malpractice laws have traditionally been determined by state legislatures, not the federal government. However, I believe that the federal government can play a constructive role in making it easier for them to implement reform. As a result, H.R. 3962 includes incentives for states to create pilot tort reform programs. A recent study from the nonpartisan Congressional Budget Office has estimated that litigation costs and malpractice insurance accounts for 1 - 1.5% of total medical costs. This may not sound like much, but I believe we need to examine all appropriate ways to deal with rising health care costs.

Does H.R. 3962 allow insurance companies to sell insurance across state lines?

Yes. H.R. 3962 would allow states to enter into compacts to facilitate the purchase of coverage across state lines.

Will health insurance reform add to the national debt?

No. In fact, according to the nonpartisan Congressional Budget Office (CBO), the bill would reduce federal budget deficits by \$109 billion from 2010 - 2019, with further reductions in the national debt over the next decade. CBO's analysis is available online at: www.cbo.gov.

Will H.R. 3962 allow federal funding for abortions?

H.R.3962 prohibits the use of funds authorized or appropriated by the measure to pay for any abortion or to cover any part of the costs of any health plan that includes coverage of abortion, unless the pregnancy is the result of rape or incest, or if there is danger to the mother's life.

Will H.R. 3962 allow federal funding for illegal immigrants?

No. H.R. 3962 expressly prohibits tax dollars from going to illegal immigrants. In fact, Section 346 of the bill is entitled "No Federal Payment for Undocumented Aliens."